| •   | •••                                     |   |                 |                      | <b>Abaceno</b> u              |                  | EAST MENT | ~. I               |                        |          |            |                        |
|---|---|---|-----------------|----------------------|-------------------------------|------------------|-----------|--------------------|------------------------|----------|------------|------------------------|
|   | PATENT A                                | APPLICATIO<br>Effect                      | N FEE DI        |                      | 09                            | 49               | 848       | 2                  |                        |          |            |                        |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT  |   |   |                 |                      |                               |                  |           |                    |                        |          |            |                        |
| TOTAL CLAIMS 9  |   |   |                 |                      |                               |                  |           | RATE               | FEE                    | 1        | RATE       | FEE                    |
| FOR   |   |   | NUMBER I        | FLED                 | NUMBER EXTRA                  |                  |           | BASIC FE           | <b>355.00</b>          | OR       | Basic Fee  | 710.00                 |
| 10  | ITAL CHARGEA                            | BLE CLAIMS                                | 9 minus 20=     |                      | . 0                           |                  |           | X\$ 9=             |                        | OR       | X\$18=     |                        |
| IND   | EPENDENT CL                             | AIMS                                      | 5 minus 3 =     |                      | 2                             |                  |           | X40-               |                        | OR       | X80=       | 160.0                  |
| MU  | ILTIPLE OEPEN                           | DENT CLAIM P                              | RESENT          |                      |                               |                  |           | +135=              | 1 .                    | OR       | +270=      |                        |
| • []  | the difference                          | in column 1 is                            | less than ze    | TOTAL                | -                             | ОЯ               | TOTAL     | <b>γ=n</b> ·υ      |                        |          |            |                        |
| , ) , CLAIMS AS AMENDED - PART II OTHER THA   |   |   |                 |                      |                               |                  |           |                    |                        |          |            |                        |
| h   | 100 ROV                                 | (Calumn 1)                                |                 |                      |                               | (Column 3)       |           | SMALL              | ENTITY                 | OR       | SMALL      |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | MUM<br>PREVE<br>PAID | BER                           | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| Q   | Total                                   | · ।ସ                                      | Minus           | 2                    | W_                            | -                |           | X\$ 9-             |                        | OR       | X\$18=     |                        |
|   | Independent                             | . ১                                       | Minus           | ***                  | <u> </u>                      | ٠                |           | X40=               |                        | OR       | X80=       | 7                      |
| L   | FIRST PRESE                             | NTATION OF M                              | ULTIPLE DEF     | PENDEN               | CAM                           |                  |           | +125=              |                        | OR       | +270=      |                        |
| 4.  |   |   |                 |                      |                               |                  |           | TOTAL              |                        |          | TOTAL      | H - H                  |
| -   | 7(5)05 (Column 1) (Column 2) (Column 3) |   |                 |                      |                               |                  |           |                    |                        |          |            |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| 2   | Total                                   | . 15                                      | Minus           |                      | 20)                           | • 0              |           | X\$ 9=             | <                      | OR       | X\$18=     | S                      |
| <b>AME</b>  | Independent                             | · 5                                       | Minus           | E                    | 7                             | •0               | 11        | X40=               |                        | ОЯ       | X80=       |                        |
| L   | I caus: Lucae                           | HINING OF M                               | STIPLE UE       |                      |                               |                  | -         | +135=              |                        | OR       | +270=      | <                      |
|   | 70 -                                    | _   |                 |                      |                               |                  |           | YOYA<br>ADDIT, FÉI |                        | OR       | ADOLT, FEE |                        |
| $\mathcal{J}$   | -29-65                                  | (Column 1)                                |                 |                      | mn 2)                         | (Column 3        | 4         |                    |                        | _        |            |                        |
| EMC   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                 | NUA<br>PREVI         | REST<br>RIER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE |
| ğ   | Total                                   | . 15                                      | Minus           | • 0                  | 20                            | = 1              |           | X\$ 9=             |                        | OR       | X\$18=     |                        |
| AMENDMEN  | Independent                             | • 5                                       | Mirus           | ••• <                |                               | ·U               | 41        | X40=               |                        | OR       | X80-       |                        |
|   | a.F.a                                   | MATION OF M                               | N-8)            |                      |                               |                  | J         | +135=              |                        | ОЯ       | +270=      |                        |
| "If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  "If the Principal Number Previously Paid For IN 1745 SPACE is less than 20, enter 20.  ADDIT. FEE  OR  ADDIT. FEE |   |   |                 |                      |                               |                  |           |                    |                        |          |            |                        |
|   | The Highest Nur                         | nber Previously Pa                        | id for (Total o | r Independ           | dentij is the                 | signess numb     | ser to    | and in the s       | ppropriate bo          | na brocc | turan 1.   | 1                      |